

PULSE

For the people in NHS Lanarkshire and health and social care partnerships

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Thursday 13 May 2021

to

Thursday 20 May 2021

Mental health and learning disability staff mark Global Hand Hygiene Day

May 13, 2021

Categories: Pulse, Pulse - People News

Tags: hand hygiene, learning disability, Mental health



Mental health and learning disability staff took part in a week of events in support of Global Hand Hygiene Day which took place on 5 May. Events included educational and practical exercises which highlighted the staff's mission to continually improve and commit to high standards of hand hygiene within the service.

In-patient staff from 12 wards throughout mental health sites completed several activities to refresh their knowledge and embed practical skills around the importance of good hand hygiene techniques. This included all grades of nursing staff, medics, advanced nurse practitioners, occupational therapy, administration and domestic service staff.

Discussions took place on the importance of adhering to local and national policies and procedures and how staff can all play a part in keeping themselves and their patients safe. Staff in the frontline of patient care took part with excellent results which highlighted the high standards that are being maintained within their care areas.

Hazel Boyle, practice improvement and development nurse, mental health and learning disability service, said: "I'd like to congratulate everyone who took part in the events to mark Global Hand Hygiene Day, we are so proud of them all."



Staff hot step it to reach walking challenge leader board

May 13, 2021

Categories: Pulse, Pulse - People News

Tags: leader board, Suzanne Lees, walking challenge



There is 18 days left to go for participating teams to complete this year's walking challenge. Altogether, the 377 teams have walked 292,457 kilometres, the equivalent of walking seven times round the planet.

Currently topping the leader board is the Hot Steppers, a group of staff from the anaesthetics department at University Hospital Wishaw (UHW).

Team member Suzanne Lees, anaesthetic co-ordinator, said: "I'm delighted to be in the top spot for the walking challenge. We've been really enjoying getting into the spirit of things, mainly because there is a lot of competition with other teams at UHW.



"Our team has created a WhatsApp group and we send each other photographs each day to encourage everyone. I'm definitely doing a lot more exercise than before and hopefully will keep it up beyond the end of the challenge."

The current top 10 teams are:

1 st	Hot Steppers	2,439.3km
2 nd	Legs Misérable	2,287.0km
3 rd	The Knockouts	2,198.0km



4 th	Endoscopy Dolls	2,179.7km
5 th	Pimp My Stride	2,066.1km
6 th	I Can Step Team 3	1,836.3km
7 th	MonkEDACP	1,743.5km
8 th	Fizzios LD	1,665.7km
9 th	Pavement Pounders	1,640.6km
10 th	The Volatile Agents	1,586.5km

This year's walking challenge will offer prizes for the most improved, best photo submissions and the best overall performance.

Let us know how you are getting on, or upload your photos, via [Twitter](#) and [Facebook](#).

Walking for just half an hour a day can increase cardiovascular fitness, strengthen bones, reduce excess body fat and boost muscle power and endurance. You can also get a lot of great advice from Paths for All – [Walking, Cycling and Wheeling](#).

For details of walking and cycling routes in Lanarkshire click [here](#).



Having open conversations about relationships

May 13, 2021

Categories: Pulse, Pulse - General News

Tags: Learning Disabilities, learning disability, relationships



This week (10-16 May) is Scottish Learning Disability Week.

Each year NHS Lanarkshire supports Scottish Learning Disability Week and this year the focus centres on relationships.

We all know about the importance of having other people in our lives. It does not matter who they are: family, neighbours or partners – relationships matter.

However, we also know that leaving the house and socialising can often be more of a challenge for people with learning disabilities.

The effects of the pandemic have magnified this and many people may have felt more isolated during the lockdowns.

Karen McCaffrey, associate nurse director for mental health and learning disability services, Health and Social Care North Lanarkshire, said: “This year’s Scottish Learning Disability Week has carried more resonance than ever before.

“We’re highlighting the issues people with learning disabilities can face around relationships, encouraging people to have more open conversations around relationships and focusing on the importance of relationships in all our lives.

“For some people with learning disabilities it can be challenging to make and meet new people without being supported to do so.



“Despite all the roadblocks the pandemic has thrown in our way we have continued to work with our service users to help them strengthen relationships and safely make new ones.”

For more information visit: https://www.sclد.org.uk/wp-content/uploads/2021/03/A4-Easy-Read-Information-Sheet-2021_website-version.pdf



Heather's weekly video message

May 14, 2021

Categories: Pulse, Pulse - General News

Tags: Heather Knox, weekly message, weekly video



In this video, Heather talks about the number of new Covid-19 cases in the community. The rise in cases is a cause for concern and a reminder that, with the change in restrictions, we need to remain vigilant and exercise caution.

Heather highlights that this is Mental Health Awareness Week and says the best thing we can do to support others is to listen without judgement.

As Wednesday was International Nurses Day, Heather says 'thank you' to all of the nursing staff across Lanarkshire.

The video can be viewed on:

- YouTube: <https://www.youtube.com/watch?v=0Uuqys3Q3wg>
- Vimeo: <https://vimeo.com/549251160>



Emma's walking challenge blog

May 14, 2021

Categories: Pulse, Pulse - For You



We're into week three of our walking challenge and I hope everyone is doing great!

I've tried to mix it up this week and go on different walks around my little village. I think a change of scenery can help and I've tried to go on a different road every day.

Let's be serious, we've not had the best weather. I'd planned on going out many days and then stuck to an indoor workout instead. Then on other days I've been out walking and ended up soaking and wishing I'd stayed indoors! I guess that's the joys of living in Scotland. The best part of the six week challenge I think is it has me into a routine of coming home from work and exercising no matter the weather and that is something I hope to continue.

I'd say my biggest challenge is coming up as next week is my birthday week. I'm one of those people who likes to string out their birthday as much as they can! I'm going to try to lay off the cake as much this year as I've worked so hard on where I want to be with my fitness and health (Although, I cannot promise anything – the key word there is 'try').

So I hope you are all trying your best and as I said last week don't punish yourself for not being able to reach your step count every day, although I'm sure you all are!



Security kits fitted on NHS Lanarkshire staff bikes

May 18, 2021

Categories: Pulse, Pulse - General News

Tags: police bike marking, police event hospital



Lanarkshire Police division, in conjunction with North Lanarkshire Council, held bike safety events at University Hospital Wishaw and University Hospital Monklands, for NHS Lanarkshire staff to come along and equip their bikes with security markings, as well as find out top tips to keep their bikes safe!

Almost 20 staff attended both events, where officers from Lanarkshire Police installed the free bike security, which means the details are uploaded to a central database, to ensure bikes can be traced back to their owner in the event of theft.

Georgie Stuart, Active Travel Project Officer, NHS Lanarkshire said: "We had two very successful free bike security marking events at UH Wishaw and UH Monklands late last month. thanks to North Lanarkshire Council and the Lanarkshire Police Division.

"Staff were able to get their bikes security marked free of charge and registered on BikeRegister – the UK's national, Police approved, bicycle marking and registration scheme. The scheme ensures your bike can be identified and returned to you if it's stolen Staff also came away with some advice and tips for keeping their bikes safe!

"We hope to run more events like this in the future so stay tuned if you missed out!"

Katie Edwards, Divisional Social Media Officer, Police Scotland added: "Lanarkshire Police Division was delighted to take part in this joint initiative with North Lanarkshire Council, to promote crime prevention, partnership working and community engagement. It gives u



opportunity to demonstrate what the Safer Communities Department do to keep people and their property safe.

“Both events at NHS Lanarkshire were a great success and well received by all who attended.”

Don't worry if you missed the opportunity to have your bike marked, Lanarkshire Police Division hopes to run more events in the near future that will be open to the wider public. Keep an eye on their [Facebook](#) and [Twitter](#) social media pages to find out when!



Video message from Heather Knox, NHS Lanarkshire chief executive

May 19, 2021

Categories: Pulse, Pulse - General News

Tags: Heather Knox, video message



In this video, Heather talks about the slight increase in the number of new Covid-19 cases over the last seven days. As yet, there is no huge increase in the number of hospital admissions at this stage. The situation is being monitored very closely.

The vaccination programme is going well. It is likely that the 50-59 year-old second vaccination will be brought forward to within eight weeks as opposed to 12 to have increased vaccination coverage across the community in light of the new Covid-19 variant.

Heather also speaks about the climate change conference which was arranged, and hosted online, by North Lanarkshire Council.

The video can be viewed on:

- YouTube: <https://www.youtube.com/watch?v=piV55N7MoXY>
- Vimeo: <https://vimeo.com/552322871>

Changing Faces changes Peter's life

May 19, 2021

Categories: Pulse, Pulse - People News

Tags: Changing Faces, Face Equality Week, Peter Steele, visible difference



This week is Face Equality Week (17-21 May 2021), an annual event that raises awareness of the prejudice experienced by many people with a visible difference.

In this touching video Peter Steele, clerical officer with the Salus occupational health team, gives a personal account of what it is like living with a visible difference, having been born with the condition Sturge Weber.

The video can be viewed on:

- YouTube: <https://youtu.be/9skfMio34Aw>
- Vimeo: <https://vimeo.com/552367030>

Peter is involved with the UK-wide charity Changing Faces – a charitable organisation in Scotland for everyone with a scar, mark or condition on their face or body that makes them look different. As a volunteer, Peter works as a campaigner doing interviews for radio and television.

Changing Faces offers many services for those with a visible difference, as well as resources for those who want to learn more. Visit: www.changingfaces.org.uk

If you would like to get involved during Face Equality Week, visit:

www.changingfaces.org.uk/get-involved/campaign-with-us/face-equality-week/

For any staff member who has a visible difference and would like support, please contact the Salus helpline on 01698 759333.



Podcast with Ewan Summers: Planned Date of Discharge with Marianne Hayward

May 20, 2021

Categories: Pulse, Pulse - General News

Tags: Marianne Hayward, planned date of discharge, podcast

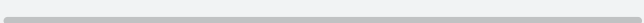




When people are admitted to hospital, one of the first questions often asked is ‘when am I getting home?’.

Planned date of discharge (PDD) allows for that question to be answered. The key feature of PDD is multi-disciplinary teams of health and care professionals working together with hospital staff and looking at discharge planning with the patient and family as soon as possible. A PDD is identified at the earliest opportunity, sometimes on admission.

PDD has already reduced delayed discharges in South Lanarkshire Health and Social Care Partnership (HSCP) from one of the highest in the country – to one of the lowest. This approach is now being scaled up in NHS Lanarkshire’s three acute sites, in close partnership with Health and Social Care North Lanarkshire and partners.

In this special-issue podcast, Marianne Hayward, head of health and social care for South Lanarkshire HSCP explains what PDD is, how it works and the benefit for patients and staff alike.

▶ 0:00 / 0:00   

Feedback



What did you think of this podcast? We'd be really keen to hear your views. Email

ewan.duguid@lanarkshire.scot.nhs.uk

Podcast Transcript

Ewan (E): Hello and welcome to a special edition podcast with Marianne Hayward. Marianne is head of health and social care for South Lanarkshire's Health and Social Care Partnership and joins me to talk about a programme called planned date of discharge. Going into hospital for an operation or procedure can often feel like the beginning of a daunting and complicated journey, but well-established systems are in place to provide a clear route, with full support from a range of health and care professionals as well as partners. This spans from your arrival, to your time in hospital, to your discharge back home or to a community setting. I'm delighted to say that Marianne Hayward joins me down the line right now to talk us through this journey and the main principles of planned date of discharge. So Marianne, thanks a lot for coming on. To kick us off, would you be able to tell me what happens when a patient arrives in hospital?

Marianne (M): Well, the idea behind this principle, Ewan, is that people have a date for discharge as soon as possible when they're admitted to hospital. If you ask anyone who goes through the hospital journey, the first question they always ask is 'when am I going home?'. Planned date of discharge allows this to happen. So when someone's admitted to hospital and haven't gone through A&E, usually through acute receiving on to the ward of where they can be best cared for, the specialists and the staff and the social workers will be responsible for setting a date when that person can go home, and sharing that with the family, the person, as well as discussing it as part of their MDT (multi-disciplinary team). And then all the goals and requirements for getting that person home will be set and worked through with the patient.

E: What staff will be involved in the patient's care?

M: It's numerous people involved at every stage, depending on what's required. We have patient advocates involved, social workers, home care staff, pharmacists, doctors, obviously, nursing staff, dietitians, speech and language therapists, physiotherapists. There's a range of professionals who will make a judgement alongside the person's needs as to when that discharge date can be achieved. Very often people need a period of not just getting medically stable, they require a period of rehabilitation and support for getting back on their feet. And the planned date of discharge would take all that into account. So whatever the person's requirements are, they're worked through and there will be a logical plan agreed with all these professionals for that person to get home.

E: And how long will this journey last for?



M: Well, it's very unique to each person coming through the hospital and some people can be in for a significant length of time, but that doesn't mean their discharge goals can't be set quite far in advance. So we would hope that by now, after a year of doing planned date of discharge across the acute sites in Lanarkshire, we have a fairly good idea based on people's medical history, their social history, their circumstances at home, when that discharge date should happen. So sometimes it can be a 24-hour turnaround, but equally, it could be two to three weeks – it may be even a bit longer for some specialties. For some of our mental health patients, when we're looking at rehousing etc, it can take a few months in terms of stability, so it's very individual to the person, but every effort is made to make sure it's customised and the journey is applicable to that person as an individual.

E: And do you try and be as specific where you can?

M: Yeah, we try to be very, very specific, but we recognise – we've gone through a period of growth around this – we recognise that sometimes that can change and that we have to be responsive to that change. But we do try and give people an exact date and that actually helps the staff on both sides as well because they're aiming for that date. So, for example, if somebody requires a homecare package to support them at home, we can work with the various providers for that package and make sure it's lined up if we have a specific date. If a person requires long-term care, then we would work with the long-term care provider to make sure that person can be discharged on that date, so it's not just about the patient. Although the patient is at the centre of the process, there's a lot of people involved in making sure that specific date happens

E: But the planned date can change?

M: Yes, absolutely, and does. We try and bring the date forward as well, so if we set the date for a couple of weeks' time and somebody becomes clinically well before that, we'll move the date so that they go home earlier. So it can be quite flexible, but at the same time we try and not change it too often because that can be confusing for the patient and their carer and family and wherever they're going in terms of a final destination. But we try and be as flexible around people's clinical needs.

E: How will the patient know when they're ready to go home?

M: Well, they'll have achieved their goals. So if all goes well, and the multidisciplinary team has done its job at the beginning and set the date with the patient, they should know what they've got to achieve to get out. For those patients who are unable to make that decision, then advocacy and family and carers would be involved in helping them support that date. So the person has to be clinically ready, they have to be signed off by a registered medical officer



then the supports at home need to be in place. So as long as the person has met their minimum goals for achieving all that, then they can discharge.

E: And that will only happen when they are ready?

M: Yeah, that will only happen when they are clinically ready to go. Nobody would discharge anybody that was safe. It would have to be an agreed across the MDT that that was the case.

E: What should the patient do if they have concerns about being discharged?

M: The patient should be an active participant in the process and any concerns from family, carers and the patient themselves is taken into account when we're having that conversation. Ultimately, everybody wants to go home, and that's what we try and support as best as possible. Where that's not possible, we work with a patient and their choice on what we call a co-production assessment for social work where the person has a say on how their discharge process will happen and where they're going to go. Once that's achieved, and the person's choice and control is taken into account, they will be able to be discharged. So it happens all the way through the process, it's not just at the end, or at the beginning, it happens all the way through the journey.

E: And when they're in hospital, is there anything that the patient needs to do to get home?

M: Well, while they're in hospital, the patient needs to concentrate on getting better, so whatever the clinical reason for them being admitted in the first place needs to be paramount. Achieving their minimum goals and working with the rehabilitation teams, making sure that all the information required to get them home is given to the staff that can help support them. But on the whole, it's mainly about working alongside those goals so that we can get them home safely.

E: And what if all the patient's treatment goes according to plan?

M: If everything goes to plan, then they will leave on their planned date of discharge – and that's the ideal scenario. But it doesn't often happen like that; you get small blips in the past where you have to change direction. Sometimes people need more equipment than you imagined at the beginning, sometimes they need more support to get through the journey. But if everything goes to plan, and ideally that would be the ultimate goal and people then leave on their preferred date.

E: How exactly do they get home?

M: Well, if people can go home by themselves or go with their family then we encourage to do that, but if they can't, we'll arrange for transport to get them home, either by ambulance



or by private ambulance, to make sure people are safe in that journey home. And that can be arranged by the discharge team and the multi-disciplinary team.

E: And what support will be available in the community for when they are discharged?

M: There's a multitude of different types of supports for when people are at home, including access to general practice (GP) and the practice staff. But our social work teams, our ops teams in terms of home care, there is support from third sector and then there's a multitude of befriending and support structures outside statutory services. Ultimately, what we deal with in the community in terms of statutory services, homecare and social work. Also there's a multitude of other things that people can access and we have a library of those options for people once they're discharged.

E: But not everyone will need support services on discharge, is that right?

M: That's right. If people can go home with what they had when they came in, we'll encourage them to do that and encourage them to be enabled at home with our community support rehabilitation enable teams who will come in to make sure that people are safe at home and can be rehabilitated back to their previous state before they went into hospital so it's possible for people to go home with nothing, that's right.

E: That's perfect, Marianne, thanks a lot for talking me through planned date of discharge. I hope it was really helpful for our listeners and thank you for your time.

M: Thank you, Ewan.



Walking Challenge update

May 20, 2021

Categories: Pulse, Pulse - General News

Tags: walking challenge



There is 11 days left to go for participating teams to complete this year's walking challenge.

To date, 68 teams have successfully completed this year's challenge, which saw each of them cover at least 1,420.8km within their teams. Across the whole challenge, 541,330,746 steps (371,259.4km) have been walked in total – the equivalent to over nine times around the earth.

Congratulations go to Ogechi Lubeigt from The Knockouts and Suzanne Lees from the Hot Steppers who have both individually reached over 10,00km.

Currently topping the leader board is the Hot Steppers, a group of staff from the anaesthetics department at University Hospital Wishaw (UHW).

The current top 10 teams are:

1 st	Hot Steppers	3,220km
2 nd	Legs Miserablè	3,035.km
3 rd	The Knockouts	2,861.4km
4 th	Pimp My Stride	2,719.3km
5 th	Endoscopy Dolls	2,588.8km
6 th	I Can Step Team 3	2,266.6km
7 th	Pavement Pounders	2,047.5km
8 th	Fizzios LD	2,017.5km
9 th	Poor Soles!	2,006.8km



10th

Fit Chicks

1,937.8km

This year's walking challenge will offer prizes for the most improved, best photo submissions and the best overall performance.

Let us know how you are getting on, or upload your photos, via [Twitter](#) and [Facebook](#).

Walking for just half an hour a day can increase cardiovascular fitness, strengthen bones, reduce excess body fat and boost muscle power and endurance. You can also get a lot of great advice from Paths for All – [Walking, Cycling and Wheeling](#).

For details of walking and cycling routes in Lanarkshire click [here](#).

